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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ander Crenshaw		
(b) Address (number and street) 7235 Bonneval Rd Suite 228		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Jacksonville FL 32256-7506		2. Candidate's FEC Identification Number H0FL04066
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House	6. State & District of Candidate FL 04	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Crenshaw for Congress Campaign		
(b) Address (number and street) 7235 Bonneval Rd Ste 228		
(c) City, State, and ZIP Code Jacksonville FL 32256-7506		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Friends of John and Ander		
(b) Address (number and street) 824 S Milledge Ave Ste 101		
(c) City, State, and ZIP Code Athens GA 30605-1332		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Ander Crenshaw [Electronically Filed]	Date 08/19/2015
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Crenshaw Rooney Committee

(b) Address (number and street)

824 S Milledge Ave
STE 101

(c) City, State and ZIP Code

Athens

GA

30605-1332

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code